

<i>SERFF Tracking Number:</i>	<i>MUTM-126975005</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47649</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL5294</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL5294</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-126975005 State: Arkansas
Advertising - UL5294

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed State Tr Num: 47649

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Jamie Lucy Disposition Date: 01/26/2011

Date Submitted: 01/06/2011 Disposition Status: Filed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: UL5294

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/26/2011

State Status Changed: 01/26/2011

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Mutual of Omaha 402-351-2476 [Phone]

Mutual of Omaha Plaza 402-351-5298 [FAX]

SERFF Tracking Number: MUTM-126975005 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 47649
Company Tracking Number: JAMIE LUCY
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UL5294
Project Name/Number: Medicare Supplement Advertising/UL5294

Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	01/06/2011	43497186

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	01/26/2011	01/26/2011

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Disposition

Disposition Date: 01/26/2011

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Filed	Yes
Supporting Document	cover letter	Filed	Yes
Form	Letter, Reply Card	Filed	Yes

SERFF Tracking Number: MUTM-126975005 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 47649

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5294

Project Name/Number: Medicare Supplement Advertising/UL5294

Form Schedule

Lead Form Number: UL5294

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/26/2011	UL5294, UL5294-1	Advertising Letter, Reply Card	Initial		0.000	UL5294.pdf



coding999999999
Sample J. Sample
9324 Harney St.
Omaha, NE 68126

UL5294-1

SERFF Tracking Number:	MUTM-126975005	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	47649
Company Tracking Number:	JAMIE LUCY		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	Medicare Supplement Advertising - UL5294		
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Memorandum of Variability	Filed	01/26/2011
Comments:		
Attachment: UL5294 (MOV).pdf		

	Item Status:	Status Date:
Satisfied - Item: cover letter	Filed	01/26/2011
Comments:		
Attachment: AR Letter-App.pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM

UL5294

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section	Explanation
Dear [Sample J. Sample] <i>Opening of Letter</i>	Recipient's name will be inserted for personalization purposes.
[Bullet points] <i>Located in middle of letter</i>	Up to 4 of the following Bullet points may be used: <ol style="list-style-type: none"> 1) Determine the differences between Part A, Part B and Part D 2) Choose the plans that fit your needs and budget 3) Choose the Medicare supplement plan that best meet your needs 4) Figure out how much Medicare expects you to pay 5) Possibly save on our Medicare Supplement premiums 6) See any doctor, any hospital without ever needing a referral 7) Know the best time to buy a Medicare Supplement insurance policy 8) Understand your options for prescription drug coverage 9) Enjoy the convenience of virtually paper-free claims service and more
[Name & Title of signing entity] <i>Closing of letter before P.S. section</i>	This field is made variable for the opportunity of updating the authorized name and title if there would be a change in position.
[How would you like us to contact you?] <i>located left center of reply form</i>	This question will either be left in or completely removed.
[check boxes] under "How would you like us to contact you?" <i>left side of the reply form</i>	Up to 3 "call to action" statements to receive more information may be used: <ol style="list-style-type: none"> 1) Connect with an Agent, ie: <ol style="list-style-type: none"> a) Call me to schedule a home visit b) Please contact me by phone 2) By Mail, ie: <ol style="list-style-type: none"> a) Please mail the free information guide b) Please mail me more information 3) By e-mail, ie: (will not be used immediately, but for possible future use) <ol style="list-style-type: none"> a) Please e-mail the free information guide b) E-mail me more information
[Or visit us at [www.mutualplans.com]] <i>after phone number at bottom of Reply portion</i>	This entire option will either be in or removed completely. If in, an approved URL for consumers to request more information will be used.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



January 6, 2011

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC# 261-69868
FEIN# 47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
UL5294
UL5294-1 (Reply Card)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Product and Advertising Compliance
Corporate Compliance and Ethics

For questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
Email: advfilings@mutualofomaha.com

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